

Permit #: 20002
County: _____
CONFIDENTIAL UNTIL: _____

Date Issued: 11-4-75
Date Cancelled: _____
Date Plugged: Nov 75

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	11-3-75
3i	
4	11-3-75
4i	
5	1-1-76
6	
7	1-1-76
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		

Additional Submitted Data:

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL ☒ DEEPEN ☐ PLUG BACK ☐NAME OF COMPANY OR OPERATOR LIBERTY HOSPITAL DISTRICT DATE 10/20/752525 Glenn Hendren Drive Liberty Missouri

Address

City

State

DESCRIPTION OF WELL AND LEASE

Name of lease

FEE

Well number

1

Elevation (ground)

933

WELL LOCATION

(give footage from section lines)

2300 ft. from (N) ☒ sec. line 2000 ft. from (E) ☒ sec. line

WELL LOCATION

Section 31 Township 52 Range 31

County

CLAYNearest distance from proposed location
to property or lease line:240 feetDistance from proposed location to nearest drilling,
completed or applied - for well on the same lease:NONE feet

Proposed depth:

600 ft.

Rotary or Cable tools

Cable

Approx. date work will start

11/4/75

Number of acres in lease:

± 30Number of wells on lease, including this well,
completed in or drilling to this reservoir: ONENumber of abandoned wells on lease: NONEIf lease, purchased with one or more
wells drilled, from whom purchased:

Name _____

Address _____

No. of Wells: producing _____

inactive _____

abandoned _____

Status of Bond

Single Well ☒ Amt. 1,000.00Blanket Bond ☐ Amt. _____☐ ON FILE
☒ ATTACHEDRemarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present
producing zone and expected new producing zone) use back of form if needed.

Proposed casing program:

amt. 600'size 2"wt./ft. unknowncem. 30 sacks

Approved casing - To be filled in by State Geologist

amt.

size

wt./ft.

cem.

+ 220' of Surface or 10' below
base of Hertha Ls. to be
cem to Surface if completed as
a gas well.I, the undersigned, state that I am the Administrator of the Liberty Hospital Dist. (company),
and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and
that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature

[Signature]Permit Number: 20002Approval Date: 4 Nov 1975Approved By: [Signature]Note: This Permit not transferable to any other
person or to any other location.Remit two copies to: Missouri Oil and Gas Council
P.O. Box 250 Rolla, Mo. 65401

One will be returned.

RECEIVED

NOV 03 1975

MO. OIL & GAS COUNCIL

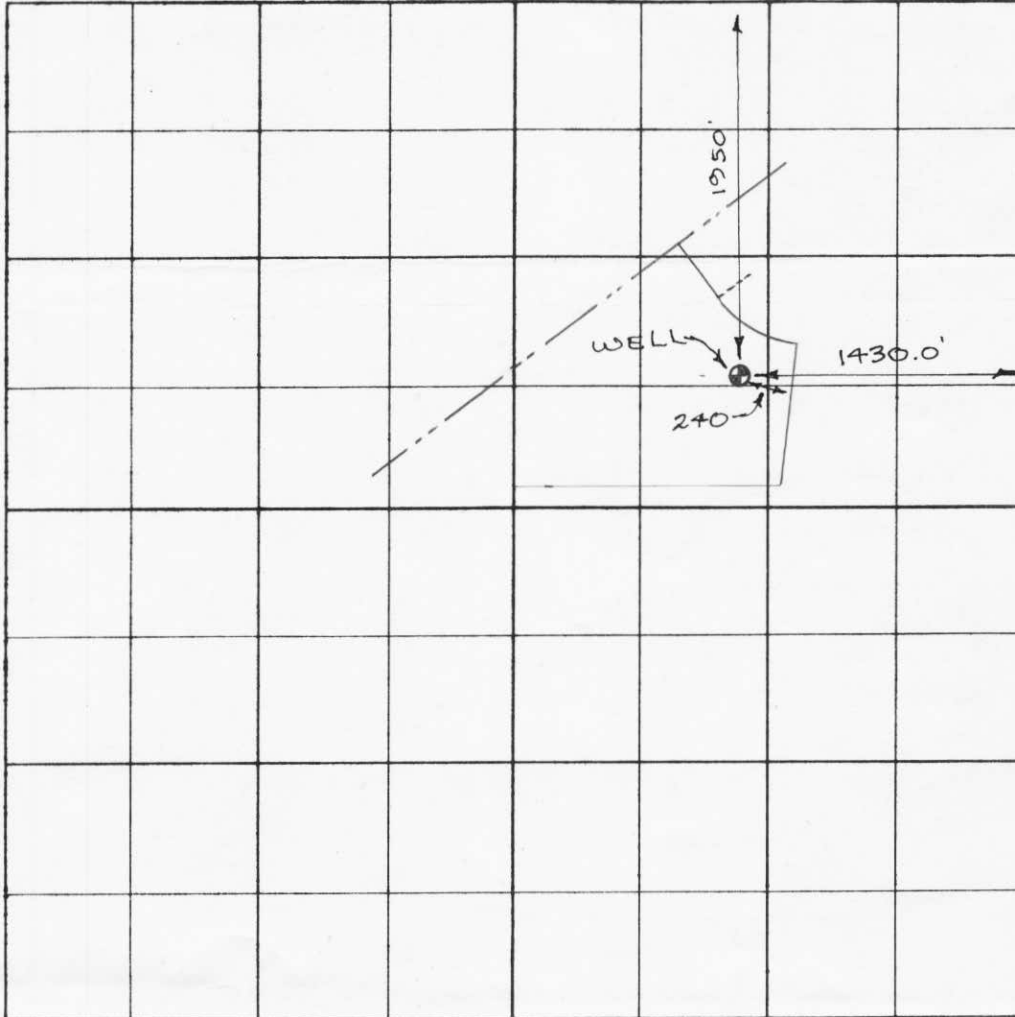
☒ SAMPLES REQUIRED☐ SAMPLES NOT REQUIRED

WATER SAMPLES REQUIRED @:

WELL LOCATION PLAT

LIBERTY HOSPITAL DISTRICT

Owner: _____

Lease Name: owned County, CLAY1950 feet from (N) - ~~100~~ line and 1430 feet from (E) - ~~100~~ line of Sec. 31 Twp. 52 Range 31SCALE
1" = 1000'

REMARKS: _____

INSTRUCTIONS

On the above plat, show distance of the proposed well from the two nearest lease and section lines, and from the nearest well on the same lease completed in or drilling to the same reservoir. If the location requested is not in conformance with the applicable well-spacing rules, show all off-setting wells to the proposed well. Do not confuse survey lines with lease lines. See rule 7 - 3 (b) for survey requirements.

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P.O. Box 250 Rolla, Mo. 65401
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Registered Land Surveyor

MISSOURI OIL AND GAS COUNCIL
WELL LOCATION PLAT

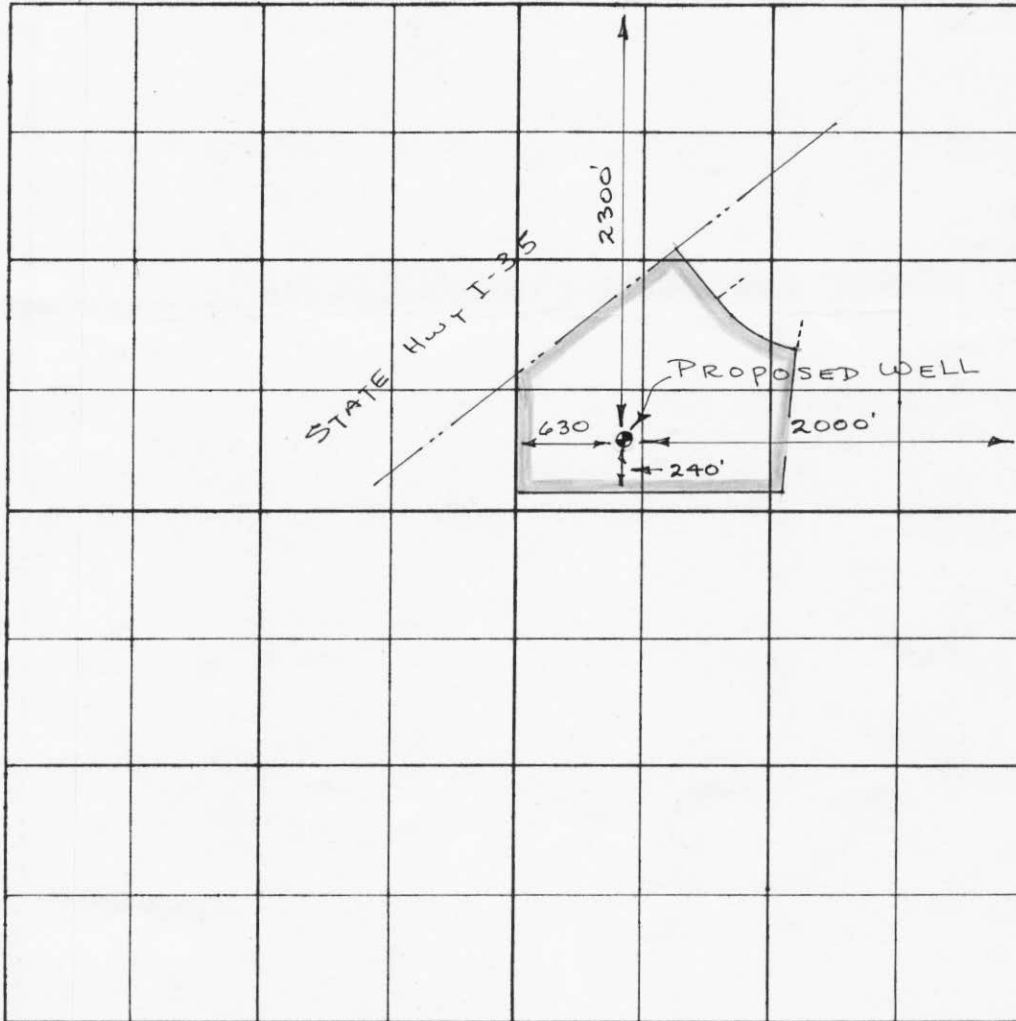
Form OGC - 4

Owner: LIBERTY HOSPITAL DISTRICT

Lease Name: xxxxxxx owned _____ County, CLAY

2300 feet from (N) - ~~(S)~~ line and 2000 feet from (E) - ~~(W)~~ line of Sec. 31 Twp. 52 Range 31

SCALE
1" = 1000'



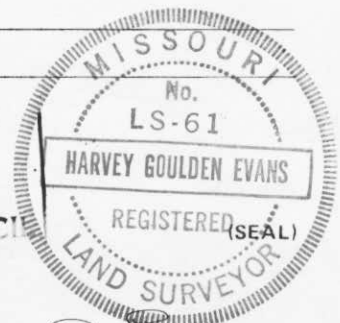
REMARKS: _____

INSTRUCTIONS

On the above plat, show distance of the proposed well from the two nearest lease and section lines, and from the nearest well on the same lease completed in or drilling to the same reservoir. If the location requested is not in conformance with the applicable well-spacing rules, show all off-setting wells to the proposed well. Do not confuse survey lines with lease lines. See rule 7 - 3 (b) for survey requirements.

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NOV 03 1975
MO. OIL & GAS COUNCIL



Harvey G. Evans
Registered Land Surveyor

MISSOURI OIL AND GAS COUNCIL

Form OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

New Well ☒ Work-Over ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Different Reservoir ☐ Oil ☐ Gas ☒ Dry ☒

Owner Liberty Hosp. District		Address Liberty, Missouri	
Lease Name Liberty Hospital		Well Number 1	
Location 2300' from N. line 2000; from E. line		Sec. -- TWP-Range or Block & Survey Sec 31 T52 R31	
County Clay	Permit number (OGC3 number) 30002		
Date spudded Nov. '75	Date total depth reached Nov. '75	Date completed, ready to produce dry	Elevation (DF, RKB, RT or Gr.) 942 feet
Total depth 577'	P. B. T. D.		
Producing interval (s) for this completion dry		Rotary tools used (interval) From _____ to _____ Drilling Fluid used _____	Cable tools used (interval) From 0 to 577
Was this well directionally drilled? no	Was directional survey made? no	Was copy of directional survey filed? no	Date filed no
Type of electrical or other logs run (list logs filed with the State Geologist) no			Date filed

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size hole drilled	Size casing set	Weight (lb./ft.)	Depth set	Sacks cement	Amt. pulled
drill string	8 1/4"	6 5/8"	13	392'		392'
surface	10"	10"	25	10 1/2 ft.		10'

TUBING RECORD

LINER RECORD

Size in.	Depth set ft.	Packer set at ft.	Size in.	Top ft.	Bottom ft.	Sacks cement	Screen (ft.)
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PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Amt. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:)					
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity API (Corr.)	
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas-oil ratio	

Disposition of gas (state whether vented, used for fuel or sold):

Method of disposal of mud pit contents:
pit covered with dozer

CERTIFICATE: I, the undersigned, state that I am the **President** of the **Young Drilling** (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature

JAN 01 1976

MO. OIL & GAS COUNCIL

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DETAIL OF FORMATIONS PENETRATED

Formation	Top	Bottom	Description*
surface	0	3	Clay
clay	3	14	sandy
shale	14	17	gray, light
lime	17	20	light brown
shale	20	27	gray
lime	27	32	tan
shale	32	49	gray
lime	49	55	
shale	55	67	dk. gray
lime	67	75	beige
shale	75	76	gray
lime	76	78	tan
shale	78	83	gray
blk slate	83	84	blk slate
lime	84	97	1 tan
shale	97	118	dk gray
sandstone	118	123	hard
shale	123	129	dk sandy
blk slate	129	130	blk
lime	130	138	gray
shale	138	139	gray
lime	139	160	white
shale	160	162	dk
blk slate	162	163	blk
shale	163	165	dark
lime	165	185	light gray to white
blk slate	185	187	blk
lime	187	189	white
shale	189	193	dark
lime	193	200	white
shale	200	207	gray
shale	207	210	red & green
shale	210	225	sandy
shale	225	232	gray
sandstone	232	240	knobtown
shale	240	250	gray
sandstone	250	252	
shale	252	262	sandy
shale	262	282	gray
shale	282	299	sandy
shale	299	304	gray
red bed	304	307	
shale	307	312	gray
shale	312	320	sandy
shale	320	352	hard & sandy
lime	352	354	
shale	354	365	green
shale	365	375	gray
lime	375	385	brown
sand	385	390	gray
blk slate	390	392	blk
lime	392	399	
sandy lime	399	414	sandy-----gas-----

*Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

INSTRUCTIONS:

Attach drillers log or other acceptable log of well if available.

This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.

Form OXK-2

MO. OIL & GAS COUNCIL

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